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Letter to the Editor

Protecting health workers' mental health during COVID-19



As health systems globally are overwhelmed by coronavirus disease 2019 (COVID-19), health workers 'must be protected' as 'every country's most valuable resource.'² This must go beyond access to effective personal protective equipment. Measures to support the enormous psychological burden faced by frontline health workers worldwide are urgently needed.

The global surge in demand for health care is placing health workers under severe pressure, including frustration, exhaustion, difficult triage decisions and traumatic patient outcomes, exacerbated by physical distancing measures and isolation. In addition, the high risk of infection, inadequate protection from contamination and illness and death in their medical colleagues places their mental health under significant threat and is compounded by concerns of transmitting infection within their households.

The psychological effects of COVID-19 among health workers in Wuhan, where the novel coronavirus emerged, include stress, anxiety, depression, insomnia, denial, anger and fear,³ with similar reports from those in Italy, Spain and New York, where health systems have been overwhelmed with COVID-19. This is consistent with the 2003 Severe Acute Respiratory Syndrome (SARS) outbreak⁴ and should therefore be expected across health settings worldwide during the current pandemic.

Psychological distress can directly impede health workers' ability to provide safe, timely and effective care, while also having lasting impacts on their mental health.7 It is therefore of paramount importance that their psychological well-being is safeguarded, particularly in low- and middle-income countries, where stigma and discrimination associated with mental health and gaps in mental health services prevent timely help-seeking and favourable outcomes.5

Health systems should heed the advice of the World Health Organization (WHO) in safeguarding the mental health of their frontline health workers⁶ and take lessons from those ahead of them in the pandemic's evolution. The Second Xiangya Hospital in China, for example, provided a psychological intervention plan to support frontline health workers during the outbreak. This included group activities, a psychological assistance hotline and online courses for dealing with stress, along with staff training, practical assistance and protected time for in-person counselling. In Wuhan, local government addressed mental health problems by recognising health workers with COVID-19 infection as having work-related injuries and redeploying staff from less pressurised provinces to reduce workload in overwhelmed hospitals.³

The global health response to COVID-19 must be that every country urgently provides multifaceted psychological safeguarding of the mental health of their frontline health workers, learning from previous epidemics and the experience of affected countries, to protect healthcare providers' effectiveness, secure their longevity and recognise their value as indispensable resources.

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> > 12 May 2020 Available online 30 May 2020